



PARENTAL CONSENT FORM

Please complete and return to your course leader or to us at the address below as soon as possible.

CHILDS DETAILS

First Name Surname.....
Date of Birth Sex: Male / Female

BOOKING DETAILS

Booking Name/Organisation Dates of Course.....

NEXT OF KIN DETAILS

Name Relationship to Child
Address
Telephone Number (home) (work) (mob)

MEDICAL DETAILS

Please detail here any medical condition, recent infectious disease, medication, allergies or disabilities that may affect the child's ability to participate in activities, continue overleaf if necessary.

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Name, Address and Phone Number of the child's doctor.

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It is very important that this information is complete and accurate. Any withheld or inaccurate information could jeopardise the child's opportunity to participate in an activity and their safety during it. It could also delay the provision of medical treatment in the event that this becomes necessary.

DIETARY REQUIREMENTS

If the child is booked on a residential course, please detail here any food allergies, religious or other dietary information.

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PARENTAL CONSENT

I am aware that outdoor activities have an inherent risk of personal injury. I have understood the nature of the activities the child will be undertaking and accept the risk involved. I confirm that I am the parent/guardian of the child or someone who is able to sign on their behalf and I consent that they may take part in these activities. I consent to any emergency treatment necessary during the course including the use of anaesthetics.

I understand that Boulder Adventures Ltd occasionally takes photographs of courses to use in publicity and I consent for them to photograph the child.

I understand that a certain level of acceptable behaviour is required to participate in outdoor activities and that the child may be excluded from activities if this level is not maintained. I understand that Boulder Adventures Ltd is not responsible for the supervision of any child excluded from activities.

I have read and agree to the above statements and confirm that the above information is accurate and complete.

Signed..... Print Name.....

Relationship to Child Parent / Guardian / Date.....

Boulder Adventures Limited, Bryn Du Mountain Centre, Ty Du Road, Llanberis, Caernarfon, Gwynedd, LL55 4HE

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